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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

4 + 1

Application Number

10 / 614 , 270

Filing Date

07 - 07 - 2003

First Named Inventor

ZOLTAN EGGERESI

Art Unit

Examiner Name

Attorney Docket Number

ENCLOSURES (Check all that apply)



Fee Transmittal Form



Fee Attached



Amendment/Reply



After Final



Affidavits/declaration(s)



Extension of Time Request



Express Abandonment Request



Information Disclosure Statement



Certified Copy of Priority Document(s)



Response to Missing Parts/
Incomplete Application



Response to Missing Parts
under 37 CFR 1.52 or 1.53



Drawing(s)



Licensing-related Papers



Petition



Petition to Convert to a
Provisional Application



Power of Attorney, Revocation



Change of Correspondence Address



Terminal Disclaimer



Request for Refund



CD, Number of CD(s)



After Allowance communication
to Technology Center (TC)



Appeal Communication to Board
of Appeals and Interferences



Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)



Proprietary Information



Status Letter



Other Enclosure(s) (please
identify below):

Remarks

REQUESTED SIGNED UTILITY
DECLARATION WITH \$ 65⁰⁰ CHECK
PLUS OATH

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm
or
Individual name

ZOLTAN EGGERESI

Signature

[Signature]

Date

11-01-2003

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being ~~transmitted~~ transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name

ZOLTAN EGGERESI

Signature

[Signature]

Date

11-01-2003

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



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FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$) 65.00

Complete If Known

Application Number	10/614,127
Filing Date	07-07-2003
First Named Inventor	ZOLTAN EGERESI
Examiner Name	
Group Art Unit	
Attorney Docket No.	

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☐ Deposit Account:

Deposit Account Number
Deposit Account Name

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Credit any overpayments

☒ Charge any additional fee(s) during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee

to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity / Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101 740	201 370	Utility filing fee	
108 330	208 165	Design filing fee	
107 510	207 255	Plant filing fee	
108 740	208 370	Reissue filing fee	
114 180	214 80	Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	-20** =	X	
Multiple Dependent	-3** =	X	

Large Entity / Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 84	202 42	Independent claims in excess of 3
104 280	204 140	Multiple dependent claim, if not paid
109 84	209 42	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity / Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65			Surcharge - late filing fee or oath	65.
127 50	227 25			Surcharge - late provisional filing fee or cover sheet	
139 130	139 130			Non-English specification	
147 2,520	147 2,520			For filing a request for ex parte reexamination	
112 920*	112 920*			Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*			Requesting publication of SIR after Examiner action	
115 110	215 55			Extension for reply within first month	
116 400	216 200			Extension for reply within second month	
117 920	217 460			Extension for reply within third month	
118 1,440	218 720			Extension for reply within fourth month	
128 1,960	228 980			Extension for reply within fifth month	
119 320	219 160			Notice of Appeal	
120 320	220 160			Filing a brief in support of an appeal	
121 280	221 140			Request for oral hearing	
138 1,510	138 1,510			Petition to institute a public use proceeding	
140 110	240 55			Petition to revive - unavoidable	
141 1,280	241 640			Petition to revive - unintentional	
142 1,280	242 640			Utility issue fee (or reissue)	
143 480	243 240			Design issue fee	
144 620	244 310			Plant issue fee	
122 130	122 130			Petitions to the Commissioner	
123 50	123 50			Processing fee under 37 CFR 1.17(q)	
126 180	126 180			Submission of Information Disclosure Stmt	
581 40	581 40			Recording each patent assignment per property (times number of properties)	
148 740	248 370			Filing a submission after final rejection (37 CFR § 1.129(a))	
149 740	249 370			For each additional invention to be examined (37 CFR § 1.129(b))	
179 740	279 370			Request for Continued Examination (RCE)	
169 900	169 900			Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 65.00

SUBMITTED BY

Name (Print/Type) ZOLTAN EGERESI

Registration No. (Attorney/Agent)

Complete (if applicable)

Telephone 831 425-4512

Signature

Date 11-01-2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

In the United States Patent and Trademark Office

OATH OR AFFIRMATION

I, ZOLTAN ESERES,

DO SOLEMNLY SWEAR OR AFFIRM THAT IF ADMITTED TO PRACTICE BEFORE
THE UNITED STATES PATENT AND TRADEMARK OFFICE:

I will observe the laws and rules of practice of the United States Patent and Trademark Office.

I will maintain the respect due to the United States Patent and Trademark Office and the officials thereof.

I will not counsel or maintain any application or proceeding which shall appear to me to be unjust, nor will I take any action except such as I believe to be honestly debatable under the law.

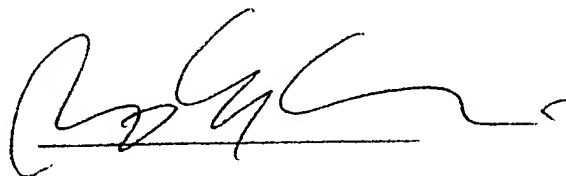
I will employ for the purpose of maintaining the causes confided to me such means only as are consistent with truth and honor and will never employ political influence nor seek to mislead the officials of the Office by any artifice or false statements of fact or law.

I will maintain in confidence and preserve inviolate the secrets of my client and will accept no compensation in connection with his or her business except from him or her with his or her knowledge or approval.

I will abstain from all offensive personality and advance no fact prejudicial to the honor or reputation of a party or witness unless required by justice of the cause with which I am charged.

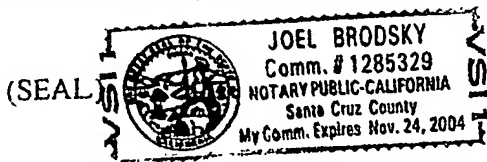
I will not delay any man's cause for lucre or malice.

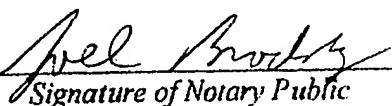


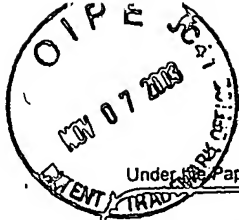


Signature of Applicant

Submitted and sworn to, or affirmed before me this 24th day of February, 2003




Signature of Notary Public



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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing
OR
☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number

First Named Inventor

ZOLTAN KEGRESI

COMPLETE IF KNOWN

Application Number

10/614,270

Filing Date

07-07-2003

Art Unit

Examiner Name

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ZOLTAN KEGRESI - CANADIAN CITIZEN
5500. COAST RD.
SANTA CRUZ, CA, 95060 - USA

(Title of the Invention)

the specification of which

WATER PRESSURE DRIVEN WET AND DRY SHAVER
WITH BEARD TRIMMER, WATER CLEAN OUT & SPEED CONTROL

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

07-07-2003

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application which has an earlier filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)

THERE IS NO
SIGNATURE
LINE ON
THIS PAGE

WHERE IS THE
MARKING ON
THIS PAGE FOR
SIGNATURE ??

Filing Date
(YYYY)Priority
Not ClaimedCertified Copy Attached?
YES NO☐
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☐
☐
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Numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☐ Customer Number or Bar Code Label OR ☒ Correspondence address below

Name **ZOLTAN EGÉRESI**

Address **5500. COAST RD.**

City **SANTA CRUZ,**

State **CA.**

ZIP **95060**

Country **U.S.A.**

Telephone **831 425-4512**

Fax **831 425-7888**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) **ZOLTAN**

Family Name or Surname **EGÉRESI**

Inventor's Signature 

Date **10-30-03**

Residence: City **SANTA CRUZ,**

State **CA.**

Country **USA**

Citizenship **CANADIAN**

Mailing Address **5500. COAST RD.**

City **SANTA CRUZ,**

State **CA.**

ZIP **95060**

Country **U.S.A.**

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) **N/A**

Family Name or Surname

Inventor's Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

City

State

ZIP

Country

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.